



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

REPORT#7

**RECEIVED**

Complete this report in duplicate at the time of the regular monthly preventative maintenance. By Carol Day at 7:29 pm, Dec 05, 2015 repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 02699	PRINTER SN 13.1891.096	DATE OF INSPECTION 12/03/15
LOCATION OF INSTRUMENT (STREET AND CITY) 501 FARAON ST JOSEPH MO 64501		TIME OF INSPECTION 2106

**CHECKLIST:** Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

☒ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

☒ TEMPERATURE OF ALCO SENSOR (1 O-C - 40-C)

☒ PRINTER WORKING PROPERLY

☒ TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

☐ SIMULATOR SOLUTION

☒ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER INTOXIMETERS LOT # AG428002 EXP. DATE 10-07-2016

☐ SIMULATOR TEMPERATURE (34°C ± 0.2°C)                      SIMULATOR SN                      SIMULATOR EXP DATE                     

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 - .102	TEST 2 - .101	TEST 3 - .100
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☒ RFI DETECTOR OPERATING

**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)**

REFUSALS	0	(0-.04)	0	(.05-.09)	1	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

**INSPECTING OFFICER**

SIGNATURE

PRINT NAME

SGT WAYNE BYROM

TYPE II PERMIT NUMBER/EXPIRATION DATE

250124 06/08/2017

TELEPHONE NUMBER

816-271-5359

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Boulevard  
Poplar Bluff, MO 63901



Airgas USA LLC (LAB)

3500 Bernard Street

St. Louis, Mo. 63103

Ph: (314) 533-3100

Fax: (314) 533-7328

## Certificate of Analysis

Customer Name

Intoximeters, Inc.  
2081 Craig Road  
St. Louis, Mo 63146

Test Date: 8-Oct-2014

Lot # AG428002

Exp. Date  
7-Oct-2016

Cyl. Type  
108

Component  
Ethanol  
Nitrogen

Certified Concentration  
0.100  $\pm$  2% BrAC (272 ppm)  
Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

Analytical Method: NDIR

Digitally signed by Quality Control  
Date: 2014.10.08 12:15:00 -05:00  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)

Analyst: \_\_\_\_\_

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

03 IV Serial not 026993  
not 7403

TEST RECORD 01708

Temp Date Time 210L  
9/  
12/03/15 21:06 .000  
Calibration Check:  
12 12/03/15 21:06 .102

Subject Name

Subject I.D.

Operator Name: I.D.  
Location  
*Byron*

04 IJ Serial not 036993  
not 7403

TEST RECORD 01711

Temp Date Time 210L  
9/  
12/03/15 21:11 .000  
Calibration Check:  
12 12/03/15 21:11 .103

Subject Name

Subject I.D.

Operator Name: I.D.  
Location  
*Byron*

05 IV Serial not 026993  
not 7403

TEST RECORD 01710

Temp Date Time 210L  
9/  
12/03/15 21:09 .000  
Calibration Check:  
12 12/03/15 21:09 .101

Subject Name

Subject I.D.

Operator Name: I.D.  
Location  
*Byron*

06 IV Serial not 026993  
not 7403

TEST RECORD 01712

Temp Date Time 210L  
9/  
12/03/15 21:13  
Cold: RPI

Subject Name

Subject I.D.

Operator Name: I.D.  
Location  
*Byron*



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

2

PERMIT  
TYPE II

WAYNE BYROM

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**DATAMASTER, INTOX EC/IR II, ALCO-SENSOR IV W/PRINTER**

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 6/8/2015

NUMBER 250124

EXPIRES 6/8/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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(10 4 02-10)

	STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM
	<b>INSTRUMENT OPERATOR CARD</b>
<small>The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri</small>	
Operator <b>BYROM, WAYNE</b> Permit No <b>250124</b> Date Issued <b>6/8/2015</b> Date Expires <b>6/8/2017</b>	